

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	202/15	2-15-99
C.I.P.E. CLASSIFIER		12	6/15
FORMALITY REVIEW		69452	06/23/99

INDEX OF CLAIMS

R ..... Rejected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected  
 (Through numeral) ... Canceled  
 Restricted

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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